

EDITORIAL

A Time to Act

James J. James, MD, DrPH, MHA

But of what profit to me was the elegance of my cup-bearer, since he offered me not the more precious draught for which I thirsted.

St. Augustine of Hippo, *The Confessions of St. Augustine*

It's been 1 year since the American Medical Association closed the Center for Disaster Medicine and Public Health and stopped supporting its preparedness and response programs. To ensure the continuation and potential growth of these programs as vital components of the evolving discipline of disaster medicine and public health, 2 major transitions were undertaken. The first was to revise the National Disaster Life Support suite of courses, which has been given to more than 100 000 health responders, to ensure that the material was academically sound and competency based. These courses were subsequently assumed by the National Disaster Life Support Foundation, and, 1 year later, are being provided to expanded audiences in the United States and globally, and at a significant discount, as compared to previously.

The second transition was the operations of *Disaster Medicine and Public Health Preparedness*. We had hoped to complete the process by January 2013, but that goal proved to be overly optimistic. The number of disparate individuals, moving parts, and multiple systems that had to be synchronized without the benefit of a central office proved quite formidable and, at times, seemingly intractable. Now, after 1 year, although the finish line still lies ahead, the end is in sight, and should be attained by the publication of this issue. And, as you know, under the current publisher, Cambridge University Press, the journal's production has expanded to 6 issues of 128 pages from 4 issues of 84 pages. In addition, the journal itself is now the official publication of the Society for Disaster Medicine and Public Health, and this issue marks the society's formal launch. The society has been evolving for a long time, but we wanted to synchronize its launch with the completion of the journal's transition, as the initial major benefit of membership is a significantly discounted electronic subscription to *Disaster Medicine and Public Health Preparedness*.

As St. Augustine's journey in search of the truth was lifelong, so too will our journey continue. A journal

and a society, no matter how appealing, do not equate to a discipline of disaster medicine and public health, which is built on a unique academic and scientific base and enriched by experience and a dedication to public service and health security. A formal discussion of this discipline has been previously published, and its abbreviated version can be found on the subscription and enrollment site (see the Society and Membership page).

Here, I would like to discuss some of the basic characteristics of the society. If all of us work together, I believe that many of these goals and objectives can be attained. The society is envisioned as a true membership model in which every member has an equal voice. Moreover, its governance, policies, and programs are intended to be formulated and driven from the bottom up to best ensure the health security of people everywhere.

Membership: Initially, a general membership level will be essentially open to all potential health responders. Going forward, other levels will be defined, such as *Operational members* involved in preparedness and response activities and *Fellows*. Criteria for upper levels will be defined by our membership and will consist of academic attainment and life experience related to preparedness and response.

Membership dues: Dues will be kept low in order to encourage broad participation and not force a competitive choice for individuals vis-à-vis their specific professional society. We highly encourage members to be active in the societies of their own disciplines and embrace the cross-disciplinary Society for Disaster Medicine and Public Health. In addition to dues, anyone so able is encouraged to make a donation, however small, to help our nonprofit society get started. This can be done on the enrollment website that can be accessed through journals.cambridge.org/dmp.

For the first year, general membership will be \$100.00 and membership for retirees and students will be \$50.00 and \$25.00 respectively. A special category for founding members will be \$300.00 for a 3 year membership and permanent acknowledgment as a founding member. Other membership categories such as institutional or academic, nongovernmental organization, corporate, associations and centers, and governmental entities will be explored as the society

evolves. A close working relationship with the Medical Reserve Corps (MRC) will be pursued, as nationwide MRC units represent the cross-disciplinary mix envisioned by the society and have complementary missions and goals. Under-scoring this commitment, a photo of Captain Rob Rosatto, Director of the Medical Reserve Corps, joining the society as its first member is shown on the cover. The society logo that is also pictured on the front cover is considered temporary; a permanent one is to be informed by our membership.

Benefits: The initial benefit is an electronic subscription to *Disaster Medicine and Public Health Preparedness* at a greatly discounted rate. A print version will be available to members at a significantly discounted subscription rate. More benefits are being planned for the future, as the society infrastructure evolves as the following: (1) distribution of a global health security cardTM as a membership card. This smart card will identify and verify individual members and will link to other systems that may be deployed in support of response efforts; (2) development of a certificate program linked to academic and training attainment and experience in preparedness and response activities, which also will be linked to the membership card; (3) development of a database of the “ready, willing, and able” that can be made available to authorized users in times of need; (4) creation of a platform for presentation, discussion, and advocacy that focuses on an integrated system that supports population health security in the form of a newsletter, social media page, and/or annual meeting; and (5) planning an annual meeting, all in support of defining a discipline of Disaster Medicine and Public Health.

Resources: While resources are needed to provide member benefits, members are needed to generate resources. By keeping the initial dues low, it is hoped that members will join the society in large enough numbers to generate sufficient funds to develop and grow these efforts. Other sources of funds will hopefully also be available through grants and gifts. To actively pursue these resources, and encourage donations, we have incorporated as a nonprofit entity and applied for 501(c)(3) status with the Internal Revenue Service.

Governance: First and foremost, the society is a fully autonomous organization. We will be closely affiliated with many governmental and nongovernmental entities, but final policies and positions will be those mandated by the membership through its board of directors. The current board, which consists of 6 transitional members who are appointed for 3 years, are listed in this issue of the journal. The number of board members will expand with the addition of 4 to 6 transitional members and several honorary positions. A call for nominations will be issued shortly after the initial membership drive.

Although the launch of the society represents a long and arduous process, I believe it will prove to be worth it. Many may say we are not ready to initiate it, but as Walt Disney famously stated, “the way to get started is to quit talking and begin doing.” I sincerely welcome all of you to join us in building our version of a magical kingdom (see <http://journals.cambridge.org/action/mem.ServHome?name=SDMPH>).